

COUNTY OF MARION )  
 ) SS:  
 )

IN THE SMALL CLAIMS COURT OF

\_\_\_\_\_ Township

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff,

vs.

Cause No. 49- - - SC- .

Defendant.  
STATE OF INDIANA

### Verified Motion for Continuance

☼ Plaintiff OR ☼ Defendant (print name of party) \_\_\_\_\_ states the following:

1. This matter is scheduled for hearing on \_\_\_\_/\_\_\_\_/\_\_\_\_;
2. I need additional time because:

\_\_\_\_\_  
\_\_\_\_\_.

3. I request a continuance for \_\_\_\_\_ day(s).

4. I ☼ contacted OR ☼ did not contact the opposing party on \_\_\_\_/\_\_\_\_/\_\_\_\_ via ☼ telephone ☼ fax  
☼ e-mail.

The opposing party ☼ opposed OR ☼ did not oppose OR ☼ did not respond to my request for continuance.

WHEREFORE, I respectfully request a continuance of this hearing. I affirm under the penalties of perjury of the State of Indiana that the above statements are true and accurate.

\_\_\_\_\_  
Signature of Attorney or Pro Se Party

### **CERTIFICATE OF SERVICE**

I hereby certify that I served a copy of this Motion on \_\_\_\_/\_\_\_\_/\_\_\_\_ by placing a copy in the United States Mail, First Class, postage prepaid, addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney or Pro Se Party